



South Coast Air Quality Management District
Form 222-MT
Registration for Micro-Turbine



Complete one form per equipment.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator):	2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator):	

Section B - Equipment Location Address

4. Equipment Location Is:

Street Address _____, CA _____

City _____ Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____ Fax # _____

E-Mail: _____

Section C - Business Mailing Address

5. Correspondence Information:
Check here if same as equipment location address ☐

Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone # _____ Ext. _____ Fax # _____

E-Mail: _____

Section D - Equipment Information

Rule 222(c)(18) MICRO-TURBINE is a stationary gas turbine engine, with a rated maximum heat input capacity of 3,500,000 Btu per hour or less, provided that the cumulative power output of all such engines at a facility is less than two megawatts, and that the engines are certified at the time of manufacture with the state of California or were in operation prior to May 3, 2013. *(Amended May 3, 2013)*

6. Manufacturer: _____

Model No.: _____

Serial No.: _____

Rated Heat Input Capacity: _____ BTU/hr

Power Output: _____ MW (For this Micro-Turbine only)

Types of Fuel Burned: _____

Total Number of Micro-Turbines at this Facility: _____

Total Power Output from All Micro-Turbines at this Facility: _____ MW

Was the micro-turbine in operation prior to May 3, 2013? YES If YES, provide a copy of a previous Permit to Operate.
NO If NO, provide a copy of the state of California certification.

Fees are updated on July 1 of each year.
For current fees, please see Rule 301 or go to [Rule 222 Filing Program Web Page](#).

Section E - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application are true and correct.

7. Signature of Responsible Official:	8. Title of Responsible Official:
9. Print Name:	10. Date:

11. Check List:		Authorized Signature/Date		Fees Enclosed			
AQMD USE ONLY	APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:	FEE \$	VALIDATION		
DATE	A R	ENG.A R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #